

Registration District No. **FILED FEB 24 1947 91**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
In this community **7 days**
years, months or days

3. (a) PRINT FULL NAME **Richard Rice**

3. (b) If veteran, name war **None** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jewelle Rice** 6. (c) Age of husband or wife if alive **21** years
7. Birth date of deceased **May 21 1883**
(Month) (Day) (Year)

8. AGE: Years **58** Months **7** Days **28** If less than one day
hr. min.

9. Birthplace **Bentonville Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney at Law**

11. Industry or business

12. Name **J. A. Rice** 13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Winton** 15. Birthplace **Bentonville Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Richard Rice**

(b) Address **Miami, Oklahoma**

17. (a) **Removal** (b) Date thereof **1/22/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MIAMI OKLAHOMA**

18. (a) Signature of funeral director **Robert J. Ambruster**

(b) Address **Clayton Rd. at Concordia Lane**

19. (a) **1942** (b) **J. F. Borchert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Ottawa**
(c) City or town **Miami** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **21**
year **1942** hour **8:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 14 1942** to **Jan 21 1942**
that I last saw him alive on **Jan 21 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremic Poisoning** Duration **18 hrs.**

Due to **Pancreatic Cyst with blocking of Common Bile Duct.**
(non-calculous)

Other conditions **(As known to malignancy of cyst)**
(Include pregnancy within 3 months of death)
Major findings: **Pancreatic Cyst with blocking of Common Bile duct.**
Of operations **duct.**
Of autopsy **duct.**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **3**

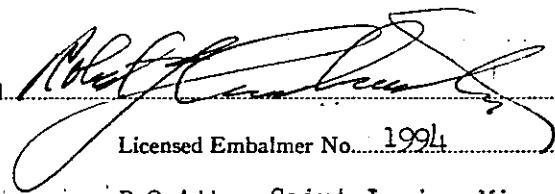
23. Signature **H. M. Wiley** (M. D. or other)
Address **Barnes Hospital St. Louis** signed **1-21-42**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1994

P. O. Address...Saint Louis, Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.